

Standards and Guidelines

for an Accredited Educational Program for the Emergency Medical Technician-Paramedic

Standards initially adopted in 1978; Revised in 1989 and 1999 by the

**American Academy of Pediatrics
American College of Cardiology
American College of Emergency Physicians
American College of Surgeons
American Society of Anesthesiologists
Commission on Accreditation of Allied Health Education Programs
National Association of Emergency Medical Technicians
National Registry of Emergency Medical Technicians**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs for the Emergency Medical Technician-Paramedic (EMT-Paramedic) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

These *Standards* are the minimum standards of quality used to accredit programs that prepare individuals to enter the profession of EMT-Paramedic. The extent to which a program complies with these standards determines its accreditation status; the *Standards* therefore constitute the minimum requirements to which an accredited program is held accountable.

The *Standards* are printed in regular typeface in outline form. The *Guidelines* accompanying the *Standards* provide examples intended to assist in interpreting the *Standards*. *Guidelines* are printed in italic typeface in narrative form.

Sections I and III of these *Standards* are common to all educational programs accredited by CAAHEP. Section II contains a description of the profession and the specific requirements for preparing EMT-Paramedics.

Preamble

The American Academy of Pediatrics, the American College of Cardiology, the American College of Emergency Physicians, the American College of Surgeons, the American Society of Anesthesiologists, the National Association of Emergency Medical Technicians, and the National Registry of Emergency Medical Technicians cooperate to establish, maintain, and promote appropriate standards of quality for Emergency Medical Technician-Paramedic educational programs and to provide recognition for educational programs which meet or exceed the minimum standards outlined in these *Standards*.

Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of EMT-Paramedic programs. On-site review teams assist in the evaluation of a program's relative compliance with the *Standards*.

Section I: General Requirements

A. Sponsorship

1. Institutional Accreditation

The sponsoring institution, and affiliates as appropriate, must be accredited by recognized agencies, or meet postsecondary educational institutional accreditation-equivalent standards.

2. Institutional Authority

The sponsoring institution, and affiliates as appropriate, shall be authorized under applicable law or other acceptable authority to provide a program of postsecondary education.

Programs should be designed to provide maximum opportunity for students to obtain formal academic credit and continue their formal education with a minimum loss of time and duplication of learning experiences. Programs not offering Associate's or Bachelor's degrees are encouraged to establish articulation agreements that provide for maximum transfer of clinical and clinically related coursework. Coursework in general education, social sciences, and health sciences should parallel coursework offered in colleges and universities.

3. Affiliation Agreements

In programs which didactic and clinical instruction and supervised practice are provided by two or more institutions, responsibilities for program administration, organization, supervision, and other functions of the sponsoring institutions and of each affiliate shall be clearly documented in a formal affiliation agreement or memorandum of understanding.

4. Eligible Sponsors

Accredited educational programs may be established in the following sponsoring institutions:

- a. Community, technical and junior colleges, senior colleges, universities and medical schools
- b. Hospitals and clinics with postsecondary educational institutional accreditation
- c. Postsecondary vocational/technical schools and institutions
- d. Proprietary schools
- e. Military medical services
- f. Institutional consortia comprised of one or more of the above

5. Institutional Responsibility

The sponsoring institution shall be responsible for student admissions, curriculum planning, course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, receiving and processing applications for admission, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for providing assurance that the practice activities assigned to students in a clinical setting are appropriate to the education of the EMT-Paramedic.

6. Institutional Commitment

The sponsoring institution, and affiliates as appropriate, shall provide evidence of commitment to the education of the EMT-Paramedic.

Evidence must document commitment to fulfill obligations to matriculating and enrolled students.

B. Resources

1. Personnel

a. Administrative Personnel

The program shall have adequate leadership and management. The program officials responsible for leadership and management shall possess the necessary qualifications to perform the functions identified in documented job descriptions. The organizational chart and job descriptions shall identify the individual responsibilities of the program officials responsible for leadership and management.

(1) Program Director/Direction

(a) Appointment

The program director shall be appointed by the sponsoring institution. The program director shall be responsible for all aspects of the program and must commit an adequate amount of time to assure the success of the program.

For most programs, there should be at least one full-time position to fulfill the program director responsibilities.

(b) Responsibilities

- 1) The program director shall be responsible for the administration, organization, and supervision of the educational program.
- 2) The program director shall be responsible for the continuous quality review and improvement of the educational program.
- 3) The program director shall be responsible for long range planning and ongoing development of the program.
- 4) The program director shall be responsible for the effectiveness of the program and have systems in place to demonstrate the effectiveness of the program.
- 5) The program director shall be responsible for cooperative involvement with the medical director.
- 6) The program director may delegate responsibilities to other program faculty as appropriate; however, the program director must have adequate controls to assure the quality of the delegated responsibilities.

(c) Qualifications or Equivalents

- 1) The program director shall possess a Bachelor's degree from an accredited institution of higher education.

For many programs, the program director should possess a Master's or higher degree from an accredited institution of higher education to fulfill the responsibilities of this position.

- 2) The program director shall have appropriate education, training, and experience to fulfill the responsibilities of this position, and must be knowledgeable about methods on instruction, testing and evaluation of students.
- 3) The program director shall have field experience in the delivery of prehospital emergency care, and academic training and preparation at least equivalent to that of program graduates, or demonstrate equivalent training and preparation.

The program director should be certified as a paramedic by a nationally recognized certifying organization.

- 4) The program director shall be knowledgeable concerning current national curricula, national accreditation, national registration, and the requirements for state certification or licensure.

(2) Medical Director/Direction

(a) Appointment

The medical director shall be appointed by the sponsoring institution. The medical director shall be responsible for all medical aspects of the program and must commit an adequate amount of time to assure the success of the program.

For most programs, the medical director should commit a significant amount of time to the program, for which appropriate compensation is usually necessary.

(b) Responsibilities

- 1) The medical director shall review and approve the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy.
- 2) The medical director shall review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
- 3) The medical director shall review and approve the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress.
- 4) The medical director shall assure and attest to the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.
- 5) The medical director shall be responsible for cooperative involvement with the program director.
- 6) The medical director may delegate responsibilities to associate medical directors as appropriate; however, the medical director must have adequate controls to assure the quality of the delegated responsibilities.

(c) Qualifications or Equivalents

- 1) The medical director shall be a physician licensed to practice medicine within the United States with experience and current knowledge of emergency care of acutely ill and injured patients.
- 2) The medical director shall have adequate training or experience in the delivery of prehospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in prehospital care.
- 3) The medical director shall be an active member of the local medical community and participate in professional activities related to prehospital care.
- 4) The medical director shall be knowledgeable about the education of the EMT-Paramedic, including professional, legislative and regulatory issues regarding the education of the EMT-Paramedic.

b. Instructional Faculty

(1) Appointment

The instructional faculty shall be appointed by the sponsoring institution upon the recommendation of the program director with the approval of the medical director.

(2) Responsibilities

In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

(3) Qualifications or Equivalents

The instructional faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

Programs should be able to provide evidence that each instructor is fully capable of instructing students in assigned topics. Appropriate expertise in the assigned topic should be assessed prior to initial selection and ongoing expertise should be monitored..

(4) Number

There shall be sufficient instructional faculty to provide students with adequate didactic and clinical instruction and supervised practice to acquire the knowledge and competence needed for entry to the occupation.

For most programs, there should be a full-time lead instructor in addition to the program director. The lead instructor should be certified as a paramedic by a nationally recognized certifying organization.

c. Support Staff

Adequate secretarial-clerical and other support staff shall be assigned to the program.

For most programs, there should be a full-time secretarial-clerical position which reports to the program director.

d. Professional Development

Programs shall develop and implement a plan to assure that program staff and instructional faculty continue their professional growth.

2. Financial Resources

Financial resources to operate the educational program shall be ensured to fulfill obligations to matriculating, enrolled and graduating students.

3. Physical Resources

a. Facilities

Adequate classrooms, laboratories, clinical and other facilities, and administrative offices shall be provided for students, program staff, and faculty.

b. Equipment and Supplies

Appropriate and sufficient equipment, supplies, and storage space shall be provided for student use and for teaching the didactic and clinical instruction and supervised practice components of the curriculum. Instructional aids, such as clinical specimens, documents and related materials, reference materials, equipment, and demonstration aids, shall be provided as needed for each type of learning experience required for either the didactic or clinical instruction or supervised practice components of the curriculum.

c. Learning Resources

(1) Reference Resources

Students shall have ready access in time and location to an adequate supply of current books, journals, periodicals and other reference resources related to the curriculum to enhance student learning.

(2) Instructional Aids

Clinical subjects, clinical records, reference materials, audio and visual resources and computer software and hardware shall be available in sufficient number and quality to enhance student learning.

4. Hospital/Clinical Resources

a. Institutions

Affiliations shall be established and confirmed by written affiliation agreements or memoranda of understanding with institutions that provide hospital/clinical experience under appropriate medical direction and clinical supervision.

b. Patients

Students shall have access to adequate numbers of patients, appropriately distributed by illness, injury, gender, age, and common problems encountered in the delivery of EMT-Paramedic level emergency care.

c. Setting

Students shall be assigned in settings where experiences are educationally efficient and effective in achieving the program's objectives.

d. Supervision

Supervision shall be provided by program instructors or medical preceptors, such as physicians or nurses, if they have been trained and approved by the program to function in such roles. The ratio of students to instructors shall be adequate to assure effective learning.

e. Hospital/Clinical Experience

Hospital/clinical experiences shall be offered within appropriate hospital/clinical departments, and in a framework which demonstrates medical accountability.

Hospital/clinical experiences of the program should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department, and include exposure to an adequate number of pediatric, obstetric, psychiatric, and geriatric patients.

The hospital/clinical sites should be periodically evaluated with respect to their continued appropriateness and efficacy in meeting the expectations of the program.

5. Field/Internship Resources

a. Agencies

Affiliations shall be established and confirmed by written affiliation agreements or memoranda of understanding with agencies that provide field/internship experience under appropriate medical direction and clinical supervision.

b. Patients

Students shall have access to adequate numbers of patients, appropriately distributed by illness, injury, gender, age, and common problems encountered in the delivery of EMT-Paramedic level emergency care.

c. Setting

Students shall be assigned in settings where experiences are educationally efficient and effective in achieving the program's objectives.

d. Supervision

Supervision shall be provided by program instructors or paramedic preceptors, if they have been trained and approved by the program to function in such roles. The ratio of students to instructors shall be adequate to assure effective learning.

e. Accountability

A field internship shall occur within a prehospital advanced life support emergency medical system, and a framework which demonstrates medical accountability.

Medical accountability exists when there is unequivocal evidence that EMT-Paramedics are not operating as independent practitioners, and when EMT-Paramedics are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.

The field/internship sites should be periodically evaluated with respect to their continued appropriateness and efficacy in meeting the expectations of the program.

C. Students

1. Admission Policies and Procedures

Admission of students, including advanced placement, shall be made in accordance with clearly defined and published practices of the institution. Any specific academic and technical standards required for admission to the program shall also be clearly defined and published and readily accessible to prospective students and the public.

If the program admits any students on the basis of "ability-to-benefit", then it shall employ appropriate methods, such as a pre-admission test or evaluation, for determining that such students are in fact capable of benefiting from the training or education offered. Policies regarding advanced placement, transfer of credit, and credit for experiential learning shall be readily accessible to prospective students. Requirements for previous education or work experience shall also be provided and readily accessible.

2. Evaluation of Students

a. Frequency

Evaluation of students shall be conducted on a recurring basis and with sufficient frequency to provide both the student and program faculty with valid and timely indicators of the student's progress toward and achievement of the entry level competencies stated in the curriculum.

b. Methods

The methods used to evaluate students shall be valid and reliable and shall verify the achievement of the cognitive, psychomotor, and affective objectives stated in the curriculum. Evaluation methods shall include direct assessment of student competencies in patient care environments.

c. Review

Test instruments and evaluation methods shall undergo frequent review in order to ensure effectiveness of student evaluation. When appropriate, reviews shall result in the update, revision, or formulation of more effective test instruments or evaluation methods.

The evaluation system should verify student achievement of the objectives and/or competencies. Students should have ample time to correct identified deficiencies in knowledge and/or performance prior to completion of the program.

3. Health

Program officials shall establish a procedure for determining that the applicants' or students' health will permit them to meet the written technical standards of the program. Students shall be informed of and have access to the health care services provided to other students of the institution.

4. Guidance

Guidance shall be available to assist students in understanding course content and in observing program policies and practices and to provide counseling or referral for problems that may interfere with the students' progress through the program.

5. Identification

Students shall be clearly identified by name and student status, using nameplate, uniform, or other apparent means to distinguish them from other personnel.

D. Operation Policies

1. Fair Practices

- a.** Student and faculty recruitment and student admission and faculty employment practices shall be non-discriminatory and in accord with federal mandates.
- b.** Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.
- c.** The program or sponsoring institution in its publications describing the program shall specify the number of credit or clock hours required for successful completion of the program and shall publish an academic calendar for the program.
- d.** The program or sponsoring institution shall establish a curriculum that meets the stated educational goals and objectives of the program and tuition and fees shall be commensurate with the subject matter taught.
- e.** The program or sponsoring institution in its publications describing the program shall specify the number of academic credits to be awarded upon successful completion of the program and shall publish an accurate statement of tuition and fees.
- f.** The program or sponsoring institution shall have a defined and published policy and procedure for processing student and faculty grievances.
- g.** Policies and procedures for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.

- h. Policies and procedures by which students may perform service work while enrolled in the program must be published and made known to all concerned in order to avoid practices in which students are substituted for regular staff. Students shall not take the responsibility or the place of qualified staff. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction. Students may be employed in the field of study outside regular educational hours, provided the work does not interfere with regular academic responsibilities. The work shall be non-compulsory, paid, and subject to standard employee policies.
- i. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded.
- j. A program admitting students on the basis of "ability-to-benefit" shall publicize its objectives, assessment measures, and means of evaluating "ability-to-benefit".

2. Student Records

Satisfactory records shall be maintained for student admission, attendance, academic counseling, and evaluation. Grades and credits shall be recorded and permanently maintained by the sponsoring institution in a safe and accessible place.

Students' files shall include evidence of high school graduation or general equivalency diploma; evidence of satisfactory completion of all didactic, clinical, and field internship requirements for each student, including a record of class and practice participation, and evidence of competencies attained throughout the education and training program; copies of examinations and assessments throughout the education and training program; and all other appropriate records of student admission, attendance, academic counseling, and evaluation. Files and resources shall be assembled for each current student and appropriately maintained by the sponsoring institution.

3. Student Default Rates and Title IV Responsibilities

- a. The program or sponsoring institution that participates in Title IV (or other Federal programs) shall have a default management plan and comply with prevailing governmental guidelines with respect to its Title IV responsibilities.
- b. The program or sponsoring institution that has responsibilities under Title IV (or other Federal programs) shall comply with any results of financial or compliance audits, program review, and such other information as may be provided by the Secretary of Education to CAAHEP.

E. Program Evaluation

1. Purpose and Frequency

The program shall have a continuing system for reviewing and assuring the effectiveness of the educational program in achieving its stated goals and objectives and shall demonstrate that measured outcomes are consistent with national guidelines.

This should be consistent with current federal law regarding higher educational standards.

2. Methods

Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the stated program goals and objectives, and shall include preparing timely self-study reports to aid the staff, the sponsoring institution and the accrediting agency in assessing program qualities and needs. The program shall use a minimum of two valid and reliable measurements for each domain of learning to demonstrate that program goals and objectives are being met.

Program evaluation should utilize certification examinations developed by an independent national organization that employ cut scores based upon a valid psychometric formula which judges entry level competency and uses practice analysis consistent with the description of the profession. Examinations should be national in scope with uniform passing standards and statistical reports. Cognitive instruments should reflect the Standards for Educational and Psychological Testing of the American Psychological Association. Psychomotor evaluations should be course ending, should be conducted by personnel not directly involved in student education, and should have a defined method of administration well known to students. Affective domain instruments should be approved by the program's communities of interest and should be tied to employer and graduate surveys.

3. Outcomes

Programs shall routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the educational program. Sources of data shall include, where appropriate, consideration of course completion, state licensing examination, national registration, and job placement rates.

The manner in which the program complies with this criterion may vary. However, there should be timely efforts made to document the data and analysis provided. These sources of data may include, but should not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, education and skills sufficiently and inadequately addressed in the educational program; interviews with program graduates and employers of graduates; and data on the evaluation of student performance on the national certifying examination and other nationally recognized standardized tests.

4. Results of Ongoing Program Evaluation

The results of ongoing evaluation shall be appropriately reflected in the curriculum and other dimensions of the program. The program shall systematically use the information obtained in its evaluation to foster student achievement with respect to the certificate or degree offered.

Program evaluation should be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and process, the curriculum design, and the purpose and productivity of an advisory committee.

An advisory committee, or similarly constituted group representing communities of interest, (individuals, groups of individuals, or institutions impacted by this program) should be designated and charged with assisting program and sponsoring institutional

personnel in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change.

Communities of interest are those individuals or entities with whom the program, its students, or its graduates relate during the performance of their training or duties. Members of the communities of interest may include, but may not be limited to:

Emergency medical service providers, including the ambulance supervisory personnel and administrative personnel where the students perform internships, and the employers of the program graduates;

Physicians, including the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, pediatricians, cardiologists, internists, and family physicians;

Hospital supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students;

Other training programs in the area;

Key governmental officials;

Members of the public who might use the service;

Police and fire services.

Section II: Specific Requirements for Accreditation

A. Description of the Profession

EMT-Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. EMT-Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

EMT-Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

EMT-Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, EMT-Paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the EMT-Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the EMT-Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

EMT-Paramedics are responsible and accountable to medical direction, the public, and their peers. EMT-Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. EMT-Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

B. Curriculum

1. Description of the program

Faculty and students shall be provided with a clear description of the program and its content, including program goals and objectives, supervised clinical practice assignments and terminal competencies required for graduation.

The goal of the program shall be to produce competent, entry level EMT-Paramedics; other goals may be added as determined by the communities of interest. An objective shall be a measurable indicator of attainment of graduate success in competencies of the cognitive, psychomotor, and affective domains.

2. Plan of Instruction

- a. The program shall document appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations and supervised practice.
- b. The program shall provide clearly written course syllabi that describe program objectives and competencies to be achieved for both didactic and supervised clinical education components.

3. Disclosure

- a. The program shall provide accurate information regarding program requirements, tuition and fees, institutional and programmatic policies, procedures, and supportive services to all prospective and enrolled students.
- b. The program shall provide a descriptive synopsis of the current curriculum to all prospective and enrolled students.
- c. The program shall maintain on file a statement of course objectives, copies of course outlines, class and laboratory schedules, clinical and field internship experience schedules, and teaching plans for inspection by all prospective and enrolled students.

Every program should make documents available (catalogue, brochure, handbook) which clearly and accurately describe the course of instruction and the requirements for graduation. These materials should also describe all costs to be borne by the student and all services to which the costs entitle the student. Student travel and transportation requirements should be clearly stated. Prospective class and laboratory schedules, clinical rotation requirements, and field internship obligations should be described.

4. Structure

- a. The program shall have appropriate and sufficient curricular offerings to achieve the goals and objectives established by its program faculty in conjunction with the communities of interest.

Although no sequence of instruction is prescribed, the order of subject presentation and learning experiences should be based on a logical relationship between the

basic and applied aspects of the curriculum. Clinical instruction should begin early enough in the curriculum to allow maximum application of other subjects and provide sufficient practice to develop competence in clinical skills.

- b. The curriculum shall be of sufficient length, depth, and breadth to cover all material necessary to prepare the students to fulfill the entry-level competencies described in the "Description of the Profession."

Accredited programs typically range from 1000-1300 clock hours, including the four integrated phases of education (didactic, laboratory, and clinical and field) to cover the stated curriculum. Further pre-requisites and/or co-requisites may be required to address competencies in basic health sciences (anatomy and physiology) and in basic academic skills (English and mathematics) and together with the core content of the EMT-Basic and EMT-Paramedic curricula may lead to an academic degree.

- c. The curriculum shall be updated on an ongoing basis to reflect current knowledge, technology, scope of practice, and to meet the needs of the communities of interest.
- d. The program shall assure and document that graduates are competent in basic emergency medical technology, basic health sciences (anatomy and physiology) and basic academic skills (English and mathematics).

Competence in this material may be achieved through pre-requisite or co-requisite coursework, or through pre-admission testing.

- e. All faculty, instructors, and students shall be provided with a clear description of the program and its learning content, which includes written course syllabi (didactic, practical laboratory, clinical instruction, and field internship) with appropriate learning objectives and performance criteria for satisfactory achievement.
- f. Graduates shall demonstrate the ability to comprehend, analyze, and apply relevant scientific literature.

This may be accomplished by the use of such activities as a research paper, oral presentation, or journal club.

- g. The educational content of the program shall include instruction on methods to conduct medical literature searches, use of computer technology, and educational opportunities for life-long learning.

5. Content

The curriculum shall include at least the knowledge and skills necessary to prepare the student to fulfill the entry level competencies described in the "Description of the Profession." The curriculum shall follow planned outlines and be appropriately sequenced with lecture, laboratory, hospital/clinical, and field/internship experience to assure efficient learning opportunities for every student. Successful completion of the course shall assure attainment of basic theoretical and scientific knowledge reflective of state-of-the-art patient care. The curriculum shall include content which provides a basis for knowledge and skill development for the following areas as they pertain to the prehospital emergency care of adults, adolescents, children, and infants.

The curriculum content should be consistent with that contained within the current national curriculum.

a. Didactic Instruction

The content shall include EMS systems, the roles and responsibilities of the EMT-Paramedic, the well-being of the EMT-Paramedic, illness and injury prevention, medical/legal issues, ethics, medication administration, therapeutic communications, airway management and ventilation, history taking, techniques of physical examination, patient assessment, clinical decision making, communications, documentation, trauma systems/ mechanism of injury, hemorrhage and shock, soft tissue trauma, burns, head and facial trauma, spinal trauma, thoracic trauma, abdominal trauma, musculoskeletal trauma, pulmonary, cardiology, neurology, endocrinology, allergies and anaphylaxis, gastroenterology, renal/urology, toxicology, hematology, environmental conditions, infectious and communicable diseases, behavioral and psychiatric disorders, gynecology, obstetrics, neonatology, pediatrics, geriatrics, abuse and assault, patients with special challenges, acute interventions for the chronic care patient, ambulance operations, medical incident command, rescue awareness and operations, hazardous materials incidents, crime scene awareness.

b. Skills Laboratory

The content shall include nasal and oral airways, endotracheal intubation (direct laryngoscopy, nasotracheal), ventilatory support (bag-valve ventilation, automatic transport ventilator), CPR, peripheral venous cannulation, cardiac monitoring, defibrillation, synchronized and unsynchronized cardioversion, bleeding control, bandaging, techniques of physical examination, spinal immobilization, patient extrication devices, splinting and traction, medication administration (inhaled, endotracheal, intramuscular, subcutaneous, intravenous, topical, oral, sublingual), intraosseous needle placement.

c. Clinical Instruction

(1) The clinical instruction shall be aimed at developing entry level competence in psychomotor skills, applying skills and knowledge to actual patient situations, having adequate patient contact experience to serve as a base for clinical decision making, and role modeling of professional attitudes and behaviors. Clinical instruction must occur in both the hospital and field settings.

(2) In the clinical environment, on live patients, the student shall demonstrate the ability to:

- (a) Safely administer medications;
- (b) Safely perform endotracheal intubation;
- (c) Safely gain venous access;
- (d) Effectively ventilate a patient;
- (e) Perform a comprehensive assessment on any age patient (newborns, infants, toddlers, preschoolers, school agers, adolescents, adults, and geriatric);
- (f) Perform a comprehensive assessment on obstetric patients;
- (g) Perform a comprehensive assessment on trauma patients;
- (h) Perform a comprehensive assessment on medical patients, including cardiac respiratory, and neurology patients;
- (i) Perform a comprehensive assessment on psychiatric patients;
- (j) Perform a comprehensive assessment, formulate and implement a treatment plan for patients with chest pain;

- (k) Perform a comprehensive assessment, formulate and implement a treatment plan for patients with dyspnea/respiratory distress, including pediatric and adult patients;
- (l) Perform a comprehensive assessment, formulate and implement a treatment plan for patients with syncope;
- (m) Perform a comprehensive assessment, formulate and implement a treatment plan for patients with abdominal complaints;
- (n) Perform a comprehensive assessment, formulate and implement a treatment plan for patients with altered mental status

(3) The program shall track the number of times each student successfully performs each of the above patient categories (age, pathologies, complaint, gender, and interventions).

(4) The program shall ensure that the nature and amount of clinical experience are adjusted to the experience and ability of the student and that appropriate guidance and feedback are provided to the student.

d. Field Internship

The field internship shall verify that the student has achieved entry level competence, and is able to serve as team leader in a variety of prehospital advanced life support emergency medical situations.

Enough of the field internship should occur following the completion of the didactic and clinical phases of the program to assure that the student has achieved the desired didactic and clinical competencies of the curriculum prior to the commencement of the field internship. Some didactic material may be taught concurrent with the field internship.

The curriculum content should be consistent with that contained within the current national curriculum.

Section III: Maintaining and Administering Accreditation

A. Program and Sponsoring Institution Responsibilities

1. Applying for Accreditation

- a. The accreditation review process conducted by CAAHEP can be initiated only at the written request of the chief executive officer or an officially designated representative of the sponsoring institution.

This process is initiated by requesting an application form from and returning it to:

Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions (CoAEMSP)
1248 Harwood Road
Bedford, Texas 76021-4244
(817) 283-9403

- b. CAAHEP requires the sponsoring institution or program to notify its communities of interest when a program is being considered for candidacy, initial or continuing accreditation and to mention that a third party comment concerning the program's

qualifications for candidacy or accreditation may be submitted in writing to the accrediting agency.

- c. A program review is conducted by the CoAEMSP prior to CAAHEP recommendation.

Documents related to the review process conducted by the CoAEMSP, including fees and self-study instructions, may be obtained from:

Committee on Accreditation of Educational Programs
for the Emergency Medical Services Professions (CoAEMSP)
1248 Harwood Road
Bedford, Texas, 76021-4244
817-283-9403

2. Administrative Requirements for Maintaining Accreditation

- a. The program must submit a *Self-Study Report* or a required progress report within a reasonable period of time, as determined by the CoAEMSP.
- b. The program must agree to a reasonable comprehensive on-site visit date as was described in the institution's previous letter of CAAHEP accreditation.
- c. The program must inform the CoAEMSP within a reasonable period of time to changes in required program personnel.
- d. The sponsoring institution must inform CAAHEP and the committee on accreditation of its intent to transfer program sponsorship, in accord with CAAHEP policy.
- e. The program and the sponsoring institution must submit fees to the CoAEMSP and CAAHEP according to their individual, established deadlines.
- f. The sponsoring institution must promptly inform CAAHEP and the committee on accreditation of any adverse decision affecting its accreditation by recognized institutional accrediting agencies, state agencies, or other agencies awarding specialty recognition status.
- g. The sponsoring institution must promptly inform CAAHEP and the committee on accreditation of any intended substantive changes for the institution or program, specifically, of the institution's mission or objectives if these will affect the program; of the institution's legal status or form of control; of the addition of courses that represent a significant departure in content or in method of delivery; of the degree or credential level; of clock hours to credit hours or vice versa; of a substantial increase in clock or credit hours for successful completion of a program or in the length of a program.
- h. The program must submit annual and any other required reports by the due date, as designated by the CoAEMSP and CAAHEP.

Failure to meet these administrative requirements for maintaining accreditation may lead to being placed on probation and ultimately to having accreditation withdrawn.

- i. An institution sponsoring a program may voluntarily withdraw from the CAAHEP-accreditation system at any time.

B. CAAHEP and Committee on Accreditation Responsibilities

1. Administering the Accreditation Review Process

- a. At the written request of the chief executive officer or other officially designated representative, CAAHEP and the CoAEMSP assess an applicant program's relative compliance with the accreditation *Standards*.

The accreditation review process includes an on-site evaluation of the program. If the performance of a site visit team is unacceptable, the institution may request a second visit.

Before the CoAEMSP transmits its accreditation recommendation to CAAHEP, the sponsoring institution is given an opportunity to comment in writing on the report of the site visit team and to correct factual errors.

- b. Before recommending Probationary Accreditation to CAAHEP, the CoAEMSP provides the sponsoring institution with an opportunity to respond in writing to the cited deficiencies in the program's relative compliance with the accreditation *Standards*. The CoAEMSP's reconsideration of a recommendation for Probationary Accreditation is based on conditions existing when the committee arrived at its recommendation to CAAHEP and on subsequent documented evidence of corrected deficiencies provided by the applicant.
- c. CAAHEP awards of Probationary Accreditation are final and are not subject to appeal.

2. Withholding or Withdrawing Accreditation

- a. Before recommending to CAAHEP that accreditation be withheld or withdrawn, the committee on accreditation provides the sponsoring institution with an opportunity to request reconsideration. The CoAEMSP's reconsideration of a recommendation for Withhold or Withdraw Accreditation is based on conditions existing when the committee arrived at its recommendation to CAAHEP and on subsequent documented evidence of corrected deficiencies provided by the applicant. CAAHEP decisions to withhold or withdraw accreditation may be appealed. A copy of CAAHEP Appeals Procedures for Withholding or Withdrawing Accreditation is enclosed with the letter notifying the sponsoring institution of one of these actions. When accreditation is withheld or withdrawn, the sponsoring institution's chief executive officer is provided with a clear statement of each deficiency and is informed that the institution may apply for accreditation whenever the program is believed to be in compliance with the accreditation *Standards*.
- b. All students who have successfully completed a program granted any accreditation status at any point during their enrollment are regarded as graduates of an CAAHEP-accredited program.

3. Inactive Programs

A sponsoring institution that requests inactive status for the program must comply with the CAAHEP policy and procedure that is in place at the time of the request.